

**CAPITAL LOAN AGREEMENT CHECKLIST**  
*(The following is needed prior to preparation & execution)*

**Required**

**Date Received**

- |  |       |
|--|-------|
| <input type="checkbox"/> 1. Name of Borrower   | _____ |
| <input type="checkbox"/> 2. Address of principle place of business of borrower                                 | _____ |
| <input type="checkbox"/> 3. Proof of non-profit federal tax status   | _____ |
| <input type="checkbox"/> 4. Name of president of borrower  | _____ |
| <input type="checkbox"/> 5. Name of Corporate secretary of borrower  | _____ |
| <input type="checkbox"/> 6. Address of property for which loan is made   | _____ |
| <input type="checkbox"/> 7. Legal description of property and location   | _____ |
| <input type="checkbox"/> 8. Amount of loan   | _____ |
| <input type="checkbox"/> 9. Term of loan including date of first and last payments and amount of first payment | _____ |
| <input type="checkbox"/> 10. Name and address of first mortgagee, if applicable                                | _____ |
| <input type="checkbox"/> 11. Date and original principal amount of first mortgage                              | _____ |
| <input type="checkbox"/> 12. DDS loan application  | _____ |
| <input type="checkbox"/> 13. Project description including list of renovations, etc.                           | _____ |
| <input type="checkbox"/> 14. Project development budget  | _____ |
| <input type="checkbox"/> 15. Project schedule including completion date  | _____ |
| <input type="checkbox"/> 16. Disbursement schedule regarding loan proceeds                                     | _____ |
| <input type="checkbox"/> 17. Percentage of beds to be reserved for DDS referrals                               | _____ |
| <input type="checkbox"/> 18. Name and address of general contractor  | _____ |
| <input type="checkbox"/> 19. Name and address of architect   | _____ |
| <input type="checkbox"/> 20. Description of architect's plans by reference to date and plan #                  | _____ |
| <input type="checkbox"/> 21. Copy of architect's plans by reference to date and plan number                    | _____ |
| <input type="checkbox"/> 22. Copy of architect's contract  | _____ |

**Required**

**Date Received**

- 23. Copy of general contractor's contract \_\_\_\_\_
- 24. Appraisal of real property \_\_\_\_\_
- 25. Appraisal of personal property \_\_\_\_\_
- 26. Purchase and sale agreement for property if not already owned by borrower \_\_\_\_\_
- 27. Itemized plan of acquisition and installation of all furnishings \_\_\_\_\_
- 28. Equipment to be used for operation of premises as a community residential facility \_\_\_\_\_
- 29. Financial statement for latest fiscal year \_\_\_\_\_
- 30. Favorable recommendation of project by Regional Director of DDS re: nature, details, location of property and condition of clients to reside at facility \_\_\_\_\_
- 31. Request by DDS to the Office of the Attorney General to prepare Capital Loan Agreement \_\_\_\_\_
- 32. Name and address of borrower's attorney \_\_\_\_\_